MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033874
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1138

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

15117
25117

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
2			
3			
4	0		
5	1		
6			
7	1		
8	2		
9	331X		
10			
11			
12	1-2		
13	1-0		

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

FILED OCT 15 1962

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph,
Length of stay in 1b: 23 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: General Osteopathic Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph,
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1814 Lafayette Street
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JAMES Middle H. Last WEILAND

4. DATE OF DEATH: Month October Day 7 Year 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Nov. 7, 1878
9. AGE (last birthday): 83
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Flagman
10b. KIND OF BUSINESS OR INDUSTRY: C.B. & Q. Railroad
11. BIRTHPLACE (City and state or country): Hellerstown, Penn.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Mattis Weiland
13b. MOTHER'S MAIDEN NAME: Susan Leidy
14. NAME OF HUSBAND OR WIFE: Helen Weiland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
17. INFORMANT: Son
Address: Mr. John Weiland-Cosby, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Hemorrhage — 11 days
DUE TO (c): Hypertension — ?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

MEDICAL CERTIFICATION

21. I attended the deceased from 10-1-62 to 10-8-62 and last saw him alive on 10-8-62.
Death occurred at 6:43 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John Hartsock D.O.
22b. ADDRESS: 1314 Buchanan
22c. DATE SIGNED: 10-8-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-9-62
23c. NAME OF CEMETERY OR CREMATORY: Cosby E.U.B. Cemetery
23d. LOCATION (City, town, or county) (State): Cosby Missouri

24. FUNERAL DIRECTOR ADDRESS: Meierhoffer-Fleeman Inc., St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Oct. 9. 1962
26. REGISTRAR'S SIGNATURE: Mrs. Clarke Gandell

(Licensed Embalmer's Statement on Reverse Side)

OCT 19 1962

Permit issued 10/19/62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.